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TO: Registration Section Division of Corporations

SUBJECT: PR	UNCESS PARK I LLC		
 .	Name of Limited Liability	Company	
DOCUMENT NUMB	BER: L16000116949		•
The enclosed Resignation filing.	ion of Registered Agent for a Limited	Liability Company and fee are	submitted
Please return all corres	pondence concerning this matter to the	ne following:	
Nicole Pearl			
1	Name of Person	•	
Nam	ne of Firm/Company		
1172 S. Dixie High	way, 163		
•	Address		
Coral Gables, FL 33	1		22
City,	/State and Zip Code		22 OCT
E mail addrage (to be	used for future annual report notification)		$\frac{1}{\omega}$
E-man address. (to be	used for future annual report notification)		
For further information	concerning this matter, please call:		
Nicole Pearl	at (305	760-9270	5: 03
Name of	f Person Area Code	Daytime Telephone Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	section 605.0115, Florida Statutes, the undersigned,		
Nicole Pearl, Esq.	, hereby resigns as		
Nar	ne of Registered Agent		
Registered Agent for PRI	NCESS PARK 1 LLC		-
	Name of Limited Liability Company	ч	د
L16000116949			
Document Numbe	r if known		
A copy of this resignation w	as mailed to the above listed limited liability company at its last known	address.	
The agency is terminated an	d the office discontinued on the 31st day after the date on which this state	tement is	s filed.
	Signature of Resigning Agent		
If signing on behalf of an en		N 3	
ir signing on behan or an en		?20	<u>:</u>
_	Typed or Printed Name	22 OCT 13	
	Capacity		
	Capacity	H 5: 03	÷.,.
	FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	تت	•
N	Take checks payable to Florida Department of State and mail to:		

P.O. Box 6327 Tallahassee, FL 32314